* The original of this document contains information which is subject to withholding from disclosure under 5 U.S.C. 552. Such material has been deleted from this copy and replaced with XXXXXX's.

October 3, 2008

DEPARTMENT OF ENERGY
OFFICE OF HEARINGS AND APPEALS

Hearing Officer's Decision

Name of Case: Personnel Security Hearing

Date of Filing: May 15, 2008

Case Number: TSO-0634

This Decision concerns the eligibility of XXXXX XXXXXX ("the Individual") for continued access authorization. This Decision will consider whether, based on the testimony and other evidence presented in this proceeding, the Individual's suspended access authorization should be restored. For the reasons detailed below, it is my decision that the Individual's access authorization should be restored.

I. BACKGROUND

This administrative review proceeding began with the issuance of a Notification Letter by a Department of Energy (DOE) local security office (LSO), informing the Individual that information in the possession of the DOE created a substantial doubt pertaining to his eligibility for an access authorization.[1] *See* Notification Letter, March 24, 2008.

Specifically, the Notification Letter stated that a DOE consultant-psychologist ("the DOE psychologist") diagnosed the Individual as suffering from "Bipolar Disorder with a history of medication non-compliance." The DOE psychologist based the diagnosis on his January 2008 evaluation of the Individual. DOE Ex. 10. In his January 2008 report, the DOE psychologist concluded that the disorder causes or may cause a significant defect in the Individual's judgment or reliability. According to the Notification Letter, this information creates a security concern under 10 C.F.R. § 710.8(h) ("Criterion H").[2]

Upon receipt of the Notification Letter, the Individual requested a hearing in this matter. *See* Individual's Letter, April 10, 2008. At the hearing, the Individual, represented by counsel, presented his own testimony as well as the testimony of his wife, his long-time friend, his former co-worker, his supervisor, his treating psychiatrist, and a DOE site psychologist ("the site psychologist"). The DOE counsel presented the testimony of the DOE psychologist.

[1] Access authorization, also known as a security clearance, is an administrative determination that an individual is eligible for access to classified matter or special nuclear material. 10 C.F.R. § 710.5.

[2] Criterion H relates to a mental condition which, in the opinion of a licensed clinical psychologist, causes or may cause a significant defect in judgment or reliability.

II. HEARING TESTIMONY

A. The Individual

The Individual lives with his wife and son. Transcript ("Tr.") at 82. He stated that they have "a pleasant, happy home." Tr. at 83. He has seen his treating psychiatrist since 2002, when the psychiatrist initially diagnosed him with "major depression with psychotic features." Tr. at 84. The Individual was hospitalized in July 2002 after his co-workers or supervisor contacted the site psychologist upon observing some unusual behaviors by the Individual. Tr. at 92. He was going through a divorce at the time, a stressful period. *Id*. He was also hospitalized in November 2002 because he "was still depressed." Tr. at 94.

In 2007, the Individual was also going through a stressful time. In particular, his father was very ill. Further, there were rumors of layoffs in the Individual's place of employment. Tr. at 98, 102. In August 2007, the Individual was sent home from work by the site psychologist after co-workers observed the Individual exhibiting strange behaviors. Tr. at 98. The Individual stated, "there were some concerns … that I couldn't operate my tools and get my hands to do what I wanted them to do. Walking with, you know, holding my arm out looking like I was losing my balance or something." *Id*. At that time, the Individual was self-adjusting his medications, taking more or less of the prescribed dosage depending on whether he was anticipating a particularly stressful day. Tr. at 101. After being sent home from work, the Individual saw the treating psychiatrist. The treating psychiatrist changed his diagnosis from depression to bipolar disorder and adjusted his medication. Tr. at 85, 105. Prior to the August 2007 episode, the Individual did not realize the importance of regularly taking his medications. He stated, "I thought I might just need [the medications] for a little while. I didn't know that you would have to change medications from time to time, but I'm well aware of that now." Tr. at 85.

The Individual had no further bipolar episodes until October 2007. At that time, the Individual had stopped taking his medication altogether because it was making him feel unwell. Tr. at 100, 103-104. He believed at the time that this particular medication was his only option so he just stopped taking it. Tr. at 104. He was hospitalized after he began experiencing troubling symptoms, including inability to sleep, irritability, and generally feeling "very bad." Tr. at 103. After his hospitalization, the treating psychiatrist prescribed a new medication. Tr. at 105. The Individual stated that he has experienced no negative side effects on the new medication. *Id.*

The Individual fully accepts the diagnosis of bipolar disorder and the need to take medication to regulate it. Tr. at 89. He understands that he needs to continue to work with both his treating psychiatrist and the site psychologist to keep his disorder under control. *Id*. He further understands that he cannot modify his medications without consulting with the treating psychiatrist, even if the medications make him feel ill. Tr. at 90. He now understands that failing to take his medications could be "catastrophic" and he is "not going to let that happen." Tr. at 106. He intends to see his treating psychiatrist every two to three months. Tr. at 106.

The Individual believes his bipolar disorder is under control. He stated, "I'm balanced now. Sleeping well. Eating well. My mind is not thinking about different things. [I'm] staying focused better. And generally [I] feel much better. Feel good." Tr. at 87. The Individual has adopted healthy habits to help prevent future episodes, such as getting adequate and regular exercise and sleep, maintaining a proper diet, and "listening to people when they tell [him] they see something and not being defensive about it." Tr. at 88. In addition, he has adopted active hobbies, including fishing and rock-climbing. *Id*.

The Individual stated that he is "not a bit" embarrassed that he has bipolar disorder. Tr. at 87. He is very open about the disorder with his family and co-workers. *Id*. He stated that his support network now is much stronger than it was in 2002. Tr. at 108. He added, "[my illness] is in the open and I wouldn't be defensive about being told there was a problem. I have got a lot going for me." Tr. at 108. The Individual's life is stable and structured. Tr. at 114. He has a routine schedule – he goes to work during the day and spends his evenings at home with his wife. Tr. at 113.

The Individual's last bipolar episode was in October 2007. Tr. at 111. The Individual stated that if he feels the symptoms of an oncoming episode in the future, he will talk to his wife or whoever is with him at the time and see his treating psychiatrist. If the psychiatrist is unavailable, he will go to the hospital emergency room. Tr. at 86. The Individual stated that even if he were to fail to recognize an oncoming episode, others would notice it. He stated, "I have got people that see me everyday that know what I have as far as co-workers and my wife and family members. And people like [my longtime friend] that [do not] see me everyday … he might pick up on something that somebody that saw me everyday might not notice if it was real gradual." Tr. at 87-88. The Individual identified lack of sleep as a symptom. He stated, "if I'm not sleeping right, something is definitely wrong." Tr. at 86. Stress is also a trigger. Tr. at 91. He stated that if he felt that he was under an unusual amount of stress, he would exercise more and, if that did not help, he would contact the treating psychiatrist. *Id*.

The Individual understands that he will be taking medications for his bipolar disorder for the rest of his life. Tr. at 110. He stated, "I have come to realize that I have got this illness and I need the medication. I may need to adjust it from time to time, I may have to adjust it more than one or two times to finally get it right. But that is what I'm going to do and I know everybody around me is going to help me do that." Tr. at 109.

B. The Individual's Wife

The Individual and his wife first met in 2005 and have been married for two years. Tr. at 6-7. They have a "close family." Tr. at 7. They engage in various activities together, such as rock-climbing, fly-fishing, hiking, and spending time with family. *Id*.

She and the Individual were married during the August 2007 and October 2007 episodes. The Individual was sent home from work in August 2007 because "he was turning his head in an odd way" as a side effect of his medication. Tr. at 14. Following that incident, the Individual went to see his treating psychiatrist, who adjusted the Individual's medication. *Id*.

Regarding the October 2007 hospitalization, she stated that she knew something was wrong and that "he needed some help." Tr. at 8. The Individual did not sleep for several nights and he "was just kind of paranoid." Tr. at 18. She stated that she told him he needed to go to the hospital and he admitted himself. Tr. at 8, 17. The Individual was in the hospital for several days, after which he was released by the treating psychiatrist. Tr. at 19, 21. The Individual has had no other episodes since October 2007. Tr. at 10.

The Individual's wife stated that the Individual understands that he has bipolar disorder and, following the October 2007 hospitalization, fully understood that he needed to take his medication. Tr. at 8-9. She added that she can tell if the Individual is not taking his medications as prescribed because various symptoms present themselves, such as acting restless, not sleeping well, not eating a proper diet, speaking very fast or not making sense. Tr. at 9. She stated that if she sees those types of symptoms in the future, she will tell the Individual to get help, as she did in October 2007. Tr. at 10. The Individual's wife helps him keep track of his medication. They have a pill-box with all of his medications for the week laid out and she checks with him each night to make sure he has taken the day's medication. Tr. at 22. She believes his attitude toward taking his medication now is "positive." Tr. at 23.

The Individual's wife stated that she is very supportive of him. Tr. at 10. She also stated that his relationship with his treating psychiatrist is "excellent." *Id*. The Individual's wife stated that their life is fairly routine. They each go to work in the morning and spend the evenings together, doing yard work, going for walks, watching the news, and other activities. Tr. at 24. She added that the Individual does not currently have significant amounts of stress in his life. *Id*.

Regarding the Individual's attitude toward his illness, the Individual's wife stated, "he realizes, basically, that he has got bipolar and that he has to have medicine. I mean, he knows that he has got to take it. And without it, I mean, the same thing could happen again that happened in 2007, and neither one of us wants to go through that again." Tr. at 10. She added that the Individual knows there are things he can do to decrease the likelihood of another episode, such as maintain a routine, get regular sleep and exercise, and avoid stress to the extent possible. Tr. at 11. She also stated that the Individual is "not ashamed" of having bipolar disorder. Tr. at 23. She added, "He has told people at work and he's told his friends. So he is actually getting people involved into looking after him also." *Id*. Finally, she stated that since they have both learned more about bipolar disorder, the Individual "seems to be more positive about his illness. He seems to be more open about it." Tr. at 26.

C. The Individual's Longtime Friend

The Individual and his friend have known each other since 1981, when they were in high school. Tr. at 51. He and the Individual interact fairly regularly. Tr. at 54. He stated that the Individual is reliable and "a good guy," and he trusts him. Tr. at 53-54. The Individual's friend is aware of the Individual's diagnosis of bipolar disorder. *Id*. According to the friend, the Individual has learned over time to accept his illness and he is more open about it now. *Id*. The friend stated that, to his knowledge, the Individual now takes his medication as directed. He stated that at first the Individual did not understand the importance of taking his medication as prescribed, but he now understands. Tr. at 52. The Individual's friend added that he believes the Individual will be

compliant with his medication in the future because if the Individual says he is going to do something, he does it. Tr. at 52-53.

Regarding the October 2007 incident, the friend stated that he was the first one to pick up on the fact that there was something wrong with the Individual. Tr. at 55. He stated that he noticed minor things, such as the Individual worrying or being paranoid over small things. *Id*. He stated that he confronted the Individual about it and told him that he needed to see his doctor or go to the hospital. Tr. at 56. The friend stated that at first the Individual did not believe he needed help, but he finally agreed to seek treatment. Tr. at 56-57, 59.

The Individual's friend stated that it is fairly easy to tell if the Individual is taking his medication. Tr. at 53. He added that, if he believed the Individual was not taking his medication, he would be comfortable confronting the Individual about it or talking to the Individual's wife. Tr. at 53, 57. He also knows the name and telephone number of the Individual's treating psychiatrist and he would feel comfortable contacting the psychiatrist if necessary. *Id*. However, he does not believe the Individual will alter his medication again. Tr. at 63. In that regard, the friend stated that the Individual's wife is very supportive of the Individual and helps him monitor his medication. *Id*.

The friend stated that he has not noticed any strange behavior by the Individual since the October 2007 hospitalization. Tr. at 61. He believes the Individual now to be more comfortable seeking help if he needs it. Tr. at 62. The friend believes that the Individual is much happier now than he has been in the past, particularly since he remarried. Tr. at 62. He added that the Individual spends most of his free time at home with his wife and believed that "this is the most stable" he has seen the Individual's life. Tr. at 61.

D. The Individual's Supervisor

The witness has been the Individual's supervisor for approximately nine or ten months. Tr. at 74. He described the Individual as "very honest" and "a good worker." Tr. at 75. He stated that he has never had any problem with the Individual and has not noticed any abnormal behavior from him. Tr. at 75-76.

The Individual and the supervisor have discussed the Individual's bipolar disorder, including the symptoms and medications. Tr. at 79. The supervisor stated that the Individual knows he has to take his medication and he is working with his doctors to make sure he is taking the correct medications to stabilize his condition. Tr. at 79-80. He stated that the Individual accepts the need for medication and wants to do "whatever it took" to stabilize his condition. Tr. at 81.

The supervisor stated that he would not hesitate to send the Individual, or any employee, for professional help if he noticed any abnormal behavior or any issues that needed medical attention. Tr. at 76. He added that he has never sent the Individual home from work for any reason. Tr. at 78.

E. The Individual's Former Co-Worker

The Individual and his former co-worker worked together for three or four years. Tr. at 67. They had no interaction outside of work, but the former co-worker thinks very highly of the Individual. *Id*. The former co-worker stated that the Individual told him about his illness and that he was taking medication for it everyday, but they did not get into more detail. Tr. at 68. He added that the Individual "appeared okay" after his October 2007 hospitalization. Tr. at 69.

F. The Treating Psychiatrist

The psychiatrist began treating the Individual in 2002. Tr. at 30. He generally sees the Individual every two to three months. *Id*. The psychiatrist stated that from 2002 until August 2007, the Individual's working diagnosis was "depression with psychotic features." Tr. at 34. The Individual was on antidepressant and antipsychotic medication since 2002. Tr. at 35. In early August 2007, the Individual came to see him because the site psychologist noticed that the Individual was turning his head in an unusual way, had other odd movements with his right hand and arm, and had an elevated mood. Tr. at 36. At that time, he changed the Individual's diagnosis from depression to bipolar disorder because the Individual seemed "hypomanic." Tr. at 38. He also adjusted the Individual's medication at that time. *Id*. At a follow-up appointment in late August 2007, the Individual's side effects appeared to be mostly resolved and his mood was stable. Tr. at 36. At that appointment, the psychiatrist switched the Individual to a different medication. *Id*.

The treating psychiatrist saw the Individual in early October 2007, about two weeks prior to the Individual's hospitalization, and found that "he was doing well … [the psychiatrist] did not see any signs of difficulty" at that time. Tr. at 43-44. The Individual was hospitalized in late October 2007 because he had developed side effects from his new medication. The psychiatrist described the side effects as "a restlessness and inability to be still physically" and noted that "it is a very difficult symptom to tolerate." Tr. at 37. Due to the side effects, the Individual stopped taking the medication. Tr. at 42.

After the Individual's October 2007 hospitalization, the psychiatrist changed his medication again. Tr. at 39. He stated that the Individual's initial reaction to taking medication was not unusual. He stated, "like many people with [bipolar disorder], which is an intermittent condition, in the first couple of years of his difficulties … there were times when he felt he didn't need to take the medication any longer." Tr. at 34. He stated that the Individual's attitude toward taking his medication is now "very good." Tr. at 30. For example, the Individual has continued to take his current medication despite having some problems with side effects at times. *Id*. This indicates to the psychiatrist that the Individual "is motivated to take it." *Id*.

The psychiatrist stated that the Individual's current diagnosis is bipolar disorder in remission. Tr. at 30. He stated that the Individual has accepted the diagnosis. *Id*. The psychiatrist believes the Individual has a reliable support system, "especially his wife and other family." Tr. at 47. The psychiatrist also believes that he and the Individual "have always had a good working relationship." Tr. at 32. He has had no reason to doubt the Individual's statements to him regarding his symptoms and whether he was taking his medication. *Id*.

When the psychiatrist last saw the Individual, about two weeks prior to the hearing, he found the Individual to be "virtually asymptomatic." Tr. at 33, 40. Regarding the Individual's prognosis, the psychiatrist believes the Individual can be "well treated" using medications. Tr. at 48. As to the likelihood of future relapses, the psychiatrist stated, "with [the Individual's] bipolar disorder and the fact that he has had several relapses, future relapses would be likely, certainly without proper medication. I think if he is properly medicated, he could conceivably never have another relapse. So it really depends on the treatment and the treatment compliance." Tr. at 47.

G. The Site Psychologist

The site psychologist has known the Individual since his first episode in November 2002. Tr. at 119. The site psychologist sent the Individual home from work in August 2007. He stated that at that time, the Individual's co-workers and supervisor observed the Individual "walking with his right arm extended as if for balance." Tr. at 123. When the site psychologist saw the Individual, the Individual appeared to have "an elevated mood, a little too jovial." *Id*. The site psychologist stated that the Individual was "hypomanic" at that time. He added, "I saw enough that I said we need to get him back to [his treating psychiatrist]." Tr. at 124. The site psychologist stated that the Individual returned to work in September 2007 and "seemed normal. He seemed okay." Tr. at 126. The Individual was on a new medication at that time. *Id*.

The site psychologist was not involved with the Individual's October 2007 hospitalization. Tr. at 127. Rather, it was the Individual's family that "facilitated that admission." *Id*. He was informed of the hospitalization by either the Individual or his family. *Id*.

The site psychologist currently meets with the Individual monthly for follow-up appointments. He described the Individual as "psychiatrically stable and in acceptance of his illness" since his October 2007 hospitalization. Tr. at 119. In that regard, the site psychologist concurred with the treating psychiatrist that the Individual's condition was in remission. Tr. at 131. According to the site psychologist, the Individual's prognosis is good and supported by several positive factors, including the Individual's acceptance of his condition, his very strong support system, his adherence to his medication, his openness to others about his condition, and his ability to adequately handle stress. Tr. at 119-20. The site psychologist further stated that the Individual has "one of the more stable living arrangements and lifestyles" that he has seen in some time. Tr. at 134. For example, he has a set schedule, has a very solid relationship with his wife, has an amicable arrangement with his ex-wife for the care of their son, is financially stable, and does not consume alcohol or other substances. Tr. at 134.

Regarding the Individual's risk of relapse, the site psychologist stated that the Individual is "much less likely" to have a bipolar episode while he is following his medication regimen. Tr. at 132. He added that, as of the date of the hearing, the Individual had gone nine months while on his medication without an episode, despite being under a fair amount of stress. *Id*. The site psychologist stated that, in the past, the Individual's biggest risk was attributable to noncompliance with his medication. The site psychologist believes that risk has been eliminated as much as possible in a bipolar case due to the Individual's acceptance of his condition and his understanding of the necessity of taking his medications as prescribed Tr. at 128.

The site psychologist was satisfied with the Individual's progress. He stated, "[the Individual] is at what I would consider a manageable risk, minimal risk, and I'm happy about the systems that are in place to detect [any oncoming episodes] and intervene quickly." Tr. at 132-33. Regarding the Individual's judgment and reliability, the site psychologist stated, "the only deficit in that area existed in relation to accepting his illness and medicating it. Outside of that, which I don't see as a deficit or as a problem anymore, I have never seen any problems with his judgment and reliability." Tr. at 132.

H. The DOE Psychologist

The DOE psychologist concurred with the treating psychiatrist and the site psychologist that the Individual has bipolar disorder and that the condition is currently in remission. Tr. at 137-38, 144-45. The DOE psychologist noted that the Individual, his treatment team, and his support system have "a greater appreciation and vigilance" regarding the nature of the Individual's condition and "the relapse prevention practices [the Individual] needs to be living in order to improve his prognosis." Tr. at 132-33. The DOE psychologist also believes the Individual is compliant with his medications. Tr. at 138. He added, "[the Individual] shows a very positive attitude about medication and how to address medication issues." *Id*. He also believes the Individual will continue to be compliant with his medications in the future. Tr. at 146.

As to the Individual's risk of relapse, the DOE psychologist stated that because bipolar disorder is by nature a relapsing condition, a possibility exists that the Individual will have a bipolar episode in the future. Tr. at 139, 142. However, the DOE psychologist stated, "I think he has got a good treatment plan and treatment resources and [a] social system in place that I'm comfortable and confident that he and his resources will manage [any future episode]." Tr. at 142. He added that, even if the Individual were to have another episode in the future, this would not necessarily indicate a defect in his judgment or reliability. The DOE psychologist believes the Individual's judgment "has improved in relation to his illness because of his experience and the education and support system that he has in place." Tr. at 140.

Regarding the Individual's current judgment and reliability, the DOE psychologist stated, "I believe [the Individual] is doing much better and does not show a problem with judgment or reliability because of the bipolar disorder." Tr. at 137. He concluded, "I believe, from what I have heard today that [the Individual's] life is stable and essentially symptom-free because of the treatments in place." Tr. at 146.

III. STANDARD OF REVIEW

The regulations governing the Individual's eligibility for an access authorization are set forth are 10 C.F.R. Part 710, "Criteria and Procedures for Determining Eligibility for Access to Classified Matter or Special Nuclear Material." An individual is eligible for access authorization if such authorization "would not endanger the common defense and security and would be clearly consistent with the national interest." 10 C.F.R. § 710.7(a). "Any doubt as to an individual's access authorization eligibility shall be resolved in favor of the national security." *Id*. *See generally Dep't of the Navy v. Egan*, 484 U.S. 518, 531 (1988) (the "clearly consistent with the

interests of national security" test indicates that "security clearance determinations should err, if they must, on the side of denials").

Under Part 710, the DOE may suspend an individual's access authorization where "information is received that raises a question concerning an individual's continued access authorization eligibility." 10 C.F.R. § 710.10(a). Derogatory information includes, but is not limited to, the information specified in the regulations. 10 C.F.R. § 710.8. Once a security concern is raised, the individual has the burden to bring forward sufficient evidence to resolve the concern.

In considering whether an individual has resolved a security concern, the Hearing Officer considers various factors, including the nature of the conduct at issue, the frequency or recency of the conduct, the absence or presence of reformation or rehabilitation, and the impact of the foregoing on the relevant security concerns. 10 C.F.R. § 710.7(c). The decision concerning eligibility is a comprehensive, common-sense judgment based on a consideration of all relevant information, favorable and unfavorable. 10 C.F.R. § 710.7(a). In order to reach a favorable decision, the Hearing Officer must find that "the grant or restoration of access authorization to the individual would not endanger the common defense and security and would be clearly consistent with the national interest." 10 C.F.R. § 710.27(a).

IV. ANALYSIS

A. The Security Concern – Criterion H

Security concerns raised under Criterion H indicate that a person has "an illness or mental condition of a nature which, in the opinion of a board-certified psychiatrist, other licensed physician or a licensed clinical psychologist causes, or may cause, a significant defect in judgment or reliability." 10 C.F.R. § 710.8(h); *see also* Revised Adjudicative Guidelines for Determining Eligibility for Access to Classified Information issued on December 29, 2005 by the Assistant to the President for National Security Affairs, The White House (the Adjudicative Guidelines), Guideline I, ¶ 27. There is no question that a diagnosis of bipolar disorder raises security concerns under Criterion H. The only remaining question is whether the security concerns have been mitigated.

B. Whether the Security Concern Has Been Mitigated

I find that the testimony presented during the hearing resolves the security concerns raised by the Individual's diagnosis of bipolar disorder. In prior bipolar cases, we have found that where an individual follows the prescribed treatment, including taking medications as directed, has a strong support system, maintains a regular schedule, and has not had an episode for a significant period of time, DOE's security concern is sufficiently mitigated. *Personnel Security Hearing*, Case No. TSO-0405, 29 DOE ¶ 82,976 (2006); *Personnel Security Hearing*, Case No. TSO-363, 28 DOE ¶ 82,943 (2006); *Personnel Security Hearing*, Case No. TSO-0303, 28 DOE ¶ 82,900 (2006). In addition, we have previously found that even if there is a continuing risk that an individual will experience another episode, the individual's ability to recognize the onset of such an episode and seek help may serve to mitigate any associated security concern. *Personnel Security Hearing*, Case No. TSO-0405, 29 DOE ¶ 82,976 (2006).

In this case, three mental health professionals agree that the Individual has bipolar disorder, that his condition is currently in remission, and that it has been in remission since October 2007, nine months as of the date of the hearing. I note, in particular, the testimony of the DOE psychologist that the Individual's life was stable and that he was essentially symptom-free as the result of his treatment. The three mental health professionals also agree that the Individual has developed a greater acceptance of his condition and an understanding of the need to take his medication as directed. In that regard, each of the mental health professionals was convinced that the Individual would continue to take his medication as directed and would not adjust his medication on his own in the future. Further, the three mental health professionals concur that there exists a possibility that the Individual may have a bipolar episode in the future, but they also believe the Individual has the appropriate resources and support system in place to address it.

In addition to the testimony of the mental health professionals, I am convinced by the testimony of the Individual, his wife, and the other witnesses, that the Individual has fully accepted his diagnosis and is committed to taking his medications as directed, and undergoing any other necessary treatment, in order to control his condition. In addition, the hearing testimony indicates that the Individual's life is much more stable now than it was prior to October 2007. In that regard, the Individual's wife is very supportive of him and helps him to monitor his medications. In addition, the Individual has been very open about his condition with friends and co-workers and has asked them to tell him if they observe any unusual behaviors in him. Those closest to the Individual are aware of his bipolar disorder and know to alert his treating psychiatrist, his supervisor, or the site psychologist to any troubling symptoms or behaviors. Finally, the Individual and his wife maintain a routine schedule which includes active hobbies and spending time with family. Each of these factors bodes well for the Individual's long-term prognosis.

V. CONCLUSION

Upon consideration of the record in this case, I find that there was evidence that raised a doubt under Criterion H regarding the Individual's eligibility for a security clearance. I also find that the Individual has provided sufficient evidence establishing that his mental health is now stable and, therefore, fully resolving that doubt. Therefore, I conclude that restoring the Individual's access authorization "would not endanger the common defense and security and would be clearly consistent with the national interest." 10 C.F.R. § 710.7(a). Accordingly, I conclude that the Individual's access authorization should be restored.

Diane DeMoura
Hearing Officer
Office of Hearings and Appeals

Date: October 3, 2008